

Final script from "Adult Immunization Update" satellite broadcast, June 26, 2003.

READII segment.

TAMERA KICERA:

Hello. There are still *significant* disparities in vaccination coverage in this country between whites, African-Americans, and Hispanics 65 and over. For example, influenza vaccine coverage is about 10% lower among Hispanics than among whites, and about 20% lower among African-Americans. For pneumococcal vaccine, coverage among whites is less than 60%, which is not very high, but it's significantly higher than among Hispanics and African-Americans, for whom it is only about 30%. The Department of Health & Human Services has made the elimination of these disparities a priority.

Knowledge about how to successfully address these racial and ethnic disparities is very limited, but we do know some things. For example, we know that disparities persist among African-Americans regardless of health insurance coverage or socio-economic status. And we know that among Hispanics, those who speak English have higher vaccination coverage levels than those who do not.

We know that *in general*, provider- and systems-based interventions seem to be the most effective way to raise adult immunization levels, but we haven't studied these interventions specifically as they apply to racial and ethnic disparities.

To help us learn more, the Racial and Ethnic Adult Disparities in Immunization Initiative or "READII" was launched in July 2002. READII is a two-year demonstration project being conducted at five sites: Chicago, Illinois; Rochester, New York; San Antonio, Texas; Milwaukee, Wisconsin; and 19 counties in the Mississippi Delta region.

While the 5 projects are encouraged to be innovative in their approaches to addressing disparities, they do have four things in common. First, They will rely on local buy-in and participation from critical community partners and stakeholders, so that specific interventions will be based on local needs and capacities. Second, each project will use *proven* evidence-based interventions targeting providers and the community, as described in the *Guide to Community*

Preventive Services. These may include some combination of: provider-based interventions (such as standing orders and reminder-recall systems); interventions to increase community demand for vaccinations; interventions to enhance access to vaccination services; and vaccination interventions in non-traditional settings.

Third, each project will use outcome, intervention-specific, and process evaluation methods to help determine the success, feasibility and sustainability of efforts that appear promising. And finally, projects will develop messages, materials, and interventions that are grounded in strong formative research.

To give you some idea of the variety of interventions that are being explored, let's take a brief look at each project. First, we went to Monroe County, New York, where the READII Rochester Project is working directly with providers to focus on interventions in the medical home. Monroe County is located in western New York on the banks of Lake Ontario and has one large town - Rochester.

DR. SHARON HUMISTON:

Thank you for visiting ROCHESTER. Rochester is like other towns in America, in that we're a town of contrasts. On one hand, we're the home of some major corporations like Kodak, Baush and Lomb, Xerox. And we're the number one town in America for charitable giving. But Rochester is also near the top for some less celebrated reasons. Among U.S. cities, Rochester has the 13th highest rate for child poverty, for example. It's the same way with immunization. We have award-winning programs that have led to high adult immunization rates. Yet we have the same disturbing racial disparities in immunization that are seen in other towns.

We're working with community-based organizations to get the word out about adult immunization. But in Rochester we're addressing these issues primarily through office-based interventions because most black seniors in Rochester do have a primary care provider identified. We found that a lot of seniors ignore mass communication efforts because they say, "Well, that doesn't apply to me. I'm healthy." Or they say, "That doesn't apply to me. I'm a diabetic so the vaccine might tip me over." Or they say, "If my doctor wanted me to get a vaccine he would have told me."

We turned to the Pink Book for a review of the evidence on

what works to increase immunization rates. On page 32 we found the 5 Strategic R's: record keeping; recommendations and reinforcement; reminder and recall to patients; reminder and recall to providers, and reduction of missed opportunities. Now, let's take a closer look.

BARBARA MCNAIR:

We work at different practices and different offices do things differently. But we make sure if they don't have an immunization record in front of the chart, we put an up-to-date record in front of the chart. And we use the forms of the IAC's website. Most providers do believe in immunization. They just need a reminder to recommend the shots. But we're finding some people who are resistant to recommending the flu shot. o we're going to get the nurses together in a small reception and talk to them about why all seniors need the vaccine.

We use a bright pink sheet as a provider reminder to recommend and order vaccines. We put it on the chart in a place where the nurses and doctors cannot miss. The sheet also reminds the provider to document - if they aren't giving the vaccines, why not. It seems like the sheet is really working. A lot of providers are confused about who needs the pneumococcal shot. However, this sheet has really taken away their confusion.

LILLEITH NISBETH:

At some of the sites some of the nurses already have standing orders so it is the nurse's job to remember to vaccinate. The bright pink sheets will be on the chart whether the patient is coming in for a check-up or a follow-up. We're hoping that this sheet will help cut down on missed opportunities. For each site we have created a database on a laptop computer. Using this computerized list, we have sent a mailing from the medical office to each patient in need of a pneumococcal vaccine. For people who don't come after the mailing, we will call them and let them know that their doctor needs to see them for the vaccine. And if they're they don't have transportation, we'll be happy to transport them in.

HUMISTON:

As you can imagine, this program has had a lot of challenges - everything from HIPAA regulations to computer problems. But we think we are off to a very exciting beginning and that we'll have even more exciting results to

tell you about next year.

KICERA:

In San Antonio, the READII project staff have -quite literally- "taken to the streets" with some unique ideas about community engagement. They are working to reduce disparities in coverage for Hispanic seniors.

ANNOUNCER:

San Antonio is the country's eighth largest city, and one of its fastest growing metropolitan areas. San Antonio has the qualities found in any progressive city but complements them with its own unique history and diverse culture. Hispanics make up nearly 54% of the city's population, and seniors are a rapidly growing group within the Hispanic community. In 2000, only 18% of Hispanic Medicare beneficiaries in San Antonio received a flu shot, compared with 33% of Anglo seniors. Pneumococcal vaccine coverage is also disproportionately low among Hispanic and African-American seniors.

San Antonio's READII project is working toward the goal of eliminating these disparities and raising coverage levels for ALL seniors through a combination of community outreach and education, provider education, service delivery, and provider incentives, with strong emphasis placed on its public education campaign. This campaign grew out of formative communications research which was conducted as part of the READII project. This research identified specific types of interventions and messages that will increase awareness of the importance of influenza and pneumococcal vaccination and increase knowledge about the vaccines. Most San Antonio residents have seen the "Flu Bug" driving around the city, with its whimsical appeal to "get immunized." The Flu Bug has been one of the more visible elements of San Antonio's public education campaign. This campaign also features radio and television public service announcements, indoor and outdoor banners, billboards, news articles, media toolkits, and speakers. It emphasizes the idea that getting vaccinated protects others, especially family members. It will increase awareness of the disease and mortality burden of influenza. And it will reassure seniors about the safety and efficacy of flu and pneumococcal vaccines.

KICERA:

Chicago is unique among these projects in that they are

focusing on raising immunization rates among both the Hispanic and African American elderly. They are mounting a coordinated effort to increase provider and consumer knowledge and to enhance access to immunization services. They are expanding health department immunization program linkages with hospitals, provider groups, long-term care facilities, and community and faith-based organizations.

The Mississippi READII project is also unique, in that it is targeting 19 rural counties rather than a single urban area. Recently Mississippi implemented a standing orders policy for pneumococcal vaccine at health department clinics. In addition, the READII team is holding regional planning meetings with stakeholders, sponsoring promotional events, and developing provider education and assessment activities to raise immunization rates among African American seniors.

Milwaukee is working to reduce disparities in vaccination rates among African American seniors. Among other things, they are encouraging adult providers to incorporate their patients' vaccinations into the Wisconsin Immunization Registry. Their activities also include immunization level assessment, a community education campaign, and enlisting primary health care providers to promote adult immunization and improve patient access.

So you can see that there are some very exciting activities going on in the 5 READII projects. We hope to have much more information to share with you in the future - after we have had time to evaluate these interventions. In addition to disseminating what we learn, we will consider wider implementation of effective strategies as resources allow - as we work toward the ultimate goal of elimination of racial and ethnic disparities in vaccination coverage.

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